

FILED JAN 8 1958

STANDARD CERTIFICATE OF DEATH

State File No. **45342**
Registrar's No. **149**

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 4415		Registrar's No. 149	
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksville, Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Clarksville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence				STREET ADDRESS (If rural, give location) 0820			
3. NAME OF DECEASED (Type or Print) a. (First) Clyde		b. (Middle) Merideth		c. (Last) LaRue		4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 25, 1881	
9. AGE (In years last birthday) 76		10. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Lincoln County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME John Haden LaRue		13b. MOTHER'S MAIDEN NAME Lidia Cannon		14. NAME OF HUSBAND OR WIFE Nellie LaRue			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 355-26-6588-A		17. INFORMANT'S SIGNATURE OR NAME Nellie LaRue		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY ARTERIOSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL ARTERIOSCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH 10 MOS. UNKNOWN 3 YRS.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE - (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/6 , 19 57 , to 12/28 , 19 57 , that I last saw the deceased alive on DEC. 19 , 19 57 , and that death occurred at 8:10 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J.E. Beckman M.D.				23b. ADDRESS Clarksville Mo.		23c. DATE SIGNED 12/28/57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 30, 1957		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) Clarksville, Mo	
25a. REC'D BY LOCAL REG. Dec 29, 1958		25b. REGISTRAR'S SIGNATURE Bernice Collier		25c. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Brown Clarksville Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *W. Brown*

Licensed Embalmer No. *2648*

P. O. Address *Clarksville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.